

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

**VERIFIED**

2c

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

**VERIFIED**

RE

FOREIGN FILING LICENSE GRANTED 06/15/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 3
Verified and Acknowledged R.C.	Examiner's Initials _____ Initials _____		

~~JOHN C ANDRES~~  
~~UNITED STATES SURGICAL CORPORATION~~  
~~150 GLOVER AVENUE~~  
~~NORWALK CT 06856~~

~~Cir<sup>o</sup> Tyco HealthCare Inc.~~  
~~150 Glover Avenue~~  
~~Norwalk, CT 06856~~

## ELECTROSURGICAL GENERATOR POWER CONTROL CIRCUIT AND METHOD

FILING FEE RECEIVED	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fe <input type="checkbox"/> 1.16 <input type="checkbox"/> 1.17 <input type="checkbox"/> 1.18 <input type="checkbox"/> Other <input type="checkbox"/> Credit
\$790		